

DATE_____

Processed By _____ Permit # _____

CITY OF ASHEVILLE PERMIT AMENDMENT APPLICATION
PLEASE PRINT CLEARLY AND USE BALL POINT PEN

Project Name _____

Project Address Or Location _____

Please Describe The Submittal: _____

Do these plan sheets replace sheets previously submitted? _____ YES _____ NO

Check Permits to be Changed or Added	<u>Contractor</u>	<u>Cost of Change</u>	<u>Additional Permit Fees</u>
<input type="checkbox"/> Building	_____	_____	\$ _____
<input type="checkbox"/> Electrical	_____	_____	\$ _____
<input type="checkbox"/> Heating/Mechanical	_____	_____	\$ _____
<input type="checkbox"/> Plumbing	_____	_____	\$ _____
<input type="checkbox"/> Fire Sprinklers	_____	_____	\$ _____
<input type="checkbox"/> Fire Alarm	_____	_____	\$ _____
<input type="checkbox"/> Refrigeration	_____	_____	\$ _____
<input type="checkbox"/> Gas Piping	_____	_____	\$ _____
<input type="checkbox"/> Hood System	_____	_____	\$ _____
<input type="checkbox"/> Other	_____	_____	\$ _____

Total Cost of Changes \$ _____ Permit Fee \$ _____

Plan Review Fee \$ _____

Owner/Agent Signature Address City/State/Zip

Print Name Phone or Cell# Fax # E-Mail Address
(Circle) Contractor Agent of Contractor Owner Agent of Owner Architect Engineer Other

If Questions Arise During This Review, Whom Should We Contact:

Print Name Phone or Cell# Fax # E-Mail Address

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws and ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.

Signature of General Contractor or Authorized Agent Print Name